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B22C (Official Form 22C) (Chapter 13) (12/10)	According to the calculations required by this statement:
	☐ The applicable commitment period is 3 years.
In re Linda Phillips Todd	☑ The applicable commitment period is 5 years.
Debtor(s)	☑ Disposable income is determined under § 1325(b)(3)
Case Number:	☐ Disposable income is not determined under § 1325(b)(3)
(If known)	(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I. REPORT OF I	NCOME		
1	Marital/filing status. Check the box that applies and complete the a. ☐ Unmarried. Complete only Column A ("Debtor's Income b. ☑ Married. Complete both Column A ("Debtor's Income			
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.			Column B Spouse's Income
2	Gross wages, salary, tips, bonuses, overtime, commissions.		\$4,072.05	\$
3	Income from the operation of a business, profession or farm. Subtract Line b from			
	a. Gross Receipts	\$ 0.00		
	b. Ordinary and necessary business expensesc. Business income	\$ 0.00 Subtract Line b from Line a	\$0.00	\$0.00
4	Rent and other real property income. Subtract Line b from Line in the appropriate column(s) of Line 4. Do not enter a number le include any part of the operating expenses entered on Line b a. Gross Receipts b. Ordinary and necessary operating expenses c. Rent and other real property income	\$445.00	\$0.00	
5	Interest, dividends, and royalties.		\$0.00	\$0.00
6	6 Pension and retirement income.		\$0.00	\$0.00
7	Any amounts wild by another marcon or entity on a regular basic for the bounded			\$0.00

8	Unemployment compensation. Enter the ar However, if you contend that unemployment of was a benefit under the Social Security Act, d Column A or B, but instead state the amount				
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	Spouse \$	\$0.00	\$0.00
9	Income from all other sources. Specify sour sources on a separate page. Total and enter of maintenance payments paid by your spour or separate maintenance. Do not include a Act or payments received as a victim of a war of international or domestic terrorism.				
	a.	\$		¢0.00	¢0.00
10	Subtotal. Add Lines 2 thru 9 in Column A, an in Column B. Enter the total(s).	d, if Column B is compl	eted, add Lines 2 thru 9	\$0.00 \$4,517.05	\$0.00 \$0.00
11	Total. If Column B has been completed, add enter the total. If Column B has not been com A.	\$ 4,517.05			
	Part II. CALCULATIO	N OF § 1325(b)(4) C	OMMITMENT PERIO	D	
12	Enter the amount from Line 11.				\$ 4,517.05
13	Enter the amount from Line 11. Marital adjustment. If you are married, but a calculation of the commitment period under § spouse, enter on Line 13 the amount of the in regular basis for the household expenses of y basis for excluding this income (such as payn persons other than the debtor or the debtor's purpose. If necessary, list additional adjustment do not apply, enter zero.	1325(b)(4) does not recome listed in Line 10, (ou or your dependents anent of the spouse's tax dependents) and the am	quire inclusion of the inco Column B that was NOT p and specify, in the lines be liability or the spouse's si ount of income devoted t	me of your paid on a plow, the upport of o each	
	Marital adjustment. If you are married, but a calculation of the commitment period under § spouse, enter on Line 13 the amount of the in regular basis for the household expenses of y basis for excluding this income (such as payn persons other than the debtor or the debtor's purpose. If necessary, list additional adjustments	1325(b)(4) does not recome listed in Line 10, (ou or your dependents anent of the spouse's tax dependents) and the am	quire inclusion of the inco Column B that was NOT p and specify, in the lines be liability or the spouse's si ount of income devoted t	me of your paid on a plow, the upport of o each	\$ 4,517.05 \$0.00

14	Subtract Line 13 from Line 12 and enter the result.	\$ 4,517.05
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.	\$ 54,204.60
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: MS b. Enter debtor's household size: 3	\$ 46,973.00
17	 Application of § 1325(b)(4). Check the applicable box and proceed as directed. □ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commis 3 years" at the top of page 1 of this statement and continue with this statement. ☑ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable comperiod is 5 years" at the top of page 1 of this statement and continue with this statement. 	
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME	
18	Enter the amount from Line 11.	\$ 4,517.05
19	Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.	
	a. \$	\$ 0.00
	Total and enter on Line 19.	
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$ 4,517.05
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	\$ 54,204.60
22	Applicable median family income. Enter the amount from Line 16	\$ 46,973.00
23	 Application of § 1325(b)(3). Check the applicable box and proceed as directed. ✓ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is deter 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. ☐ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Parts IV 	ot determined
	Part IV. CALCULATION OF DEDUCTIONS FROM INCOME	
	Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)	
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$ 1,029.00

24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Outof- Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Outof- Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.						
		ons under 65 years of age	<u> </u>	Pers	sons 65 years of age or older	r	
		Allowance per person	60.00	a2.	Allowance per person	144.00	
	b1. N	lumber of persons	2.00	b2.	Number of persons	0.00	
	c1. S	Subtotal	120.00	c2.	Subtotal	0.00	\$ 120.00
25A	and Uti is avail consist	ilities Standards; non-mortga able at <u>www.usdoj.gov/ust/</u>	age expenses for to or from the clerk ocurrently be allowe	he ap f the b ed as e	expenses. Enter the amount oblicable county and family size ankruptcy court). The applical exemptions on your federal incurport.	. (This information ole family size	\$ 568.00
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.						
	a.	IRS Housing and Utilities Stand	ards; mortgage/rent e	expens	\$ 645.00]	
	b. Average Monthly Payment for any debts secured by home, if any, as stated in Line 47.						
	any, as stated in Line 47. C. Net mortgage/rental expense Subtract Line b from Line a						\$ 0.00
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for vour contention in the space below:					\$	
	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.						
27A	are incl	uded as a contribution to you	ur household expe	nses		2 or more.	
If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					nount from IRS etropolitan	\$ 244.00	
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				\$ 0.00		

28	Local Standards: transportation ownership/lease expense which you claim an ownership/lease expense. (You may not than two vehicles.) ☑ 1 ☐ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" fro (available at www.usdoj.gov/ust/ or from the clerk of the bankr Average Monthly Payments for any debts secured by Vehicle 1 Line a and enter the result in Line 28. Do not enter an amoun a. IRS Transportation Standards, Ownership Costs b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47. c. Net ownership/lease expense for Vehicle 1	om the IRS Local Standards: uptcy court); enter in Line b t , as stated in Line 47; subtrates than zero.	Transportation the total of the	\$ 517.00
				¥ 317.00
29	Local Standards: transportation ownership/lease expense the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" fr (available at www.usdoj.gov/ust/ or from the clerk of the bank Average Monthly Payments for any debts secured by Vehicle Line a and enter the result in Line 29. Do not enter an amount	rom the IRS Local Standards ruptcy court); enter in Line b 2, as stated in Line 47; subtr	: Transportation the total of the	
	a. IRS Transportation Standards, Ownership Costsb. Average Monthly Payment for any debts secured by Vehicle 2,	\$ 0.00		
	as stated in Line 47	Ψ		
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a		\$ 0.00
30	Other Necessary Expenses: taxes. Enter the total average federal, state and local taxes, other than real estate and sales taxes. social security taxes. and Medicare taxes. Do not inclu	taxes, such as income taxes de real estate or sales taxe	, self employment	\$ 943.93
31				\$ 283.96
Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.				\$ 0.00
33	Other Necessary Expenses: court-ordered payments. Enter required to pay pursuant to the order of a court or administrative payments. Do not include payments on past due obligation	ve agency, such as spousal o		\$ 0.00
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.			\$
35	Other Necessary Expenses: childcare. Enter the total average childcare—such as baby-sitting, day care, nursery and preschopayments.			\$
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.			\$
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service— such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously			\$
38	deducted. Total Expenses Allowed under IRS Standards. Enter the total	of Linco 24 through 27		\$ 3,705.89
30	Subpart B: Additional Living			÷ 3,703.09
	Subpart D: Additional Living	Expense Deductions		

	Note: Do not include any expenses that you have listed in Lines 24-37				
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your				
			at are reasonably nece	ssary for yourself, your	
	spouse, or your dependents				
39	a. Health Insurance		\$345.28		
	b. Disability Insurance		\$		
	c. Health Savings Ac	count	\$		
					↑ 245 00
	Total and enter on Line 39				\$ 345.28
		end this total amount sta	te vour actual total ave	rage monthly expenditures in	
	the space below:	ona imo total amount, sta	ic your doldar lolar ave	rage monthly expenditures in	
	\$				
				nter the total average actual	
40	monthly expenses that you			cary care and support of an our immediate family who is	\$
	unable to pay for such expe				
	' '				
41	you actually incurred to ma			essary monthly expenses that	\$
71				required to be kept confidential	Ψ
	by the court.	abio rodorar iaw. Trio riatar	o or arooo experieds to t	required to be hopt cormidering.	
	Home energy costs. Enter	the total average monthly	amount, in excess of th	e allowance specified by IRS	
40	Local Standards for Housin				Φ.
42	provide your case trustee	with documentation of y	our actual expenses,	and you must demonstrate	\$
	that the additional amoun	t claimed is reasonable a	nd necessary.		
	Education expenses for d	ependent children under	18. Enter the total aver	age monthly expenses that	
	you actually incur, not to ex				
43	secondary school by your d				
				ain why the amount claimed	\$
	is reasonable and necess			ount by which your food and	
				parel and services) in the IRS	
44	National Standards, not to				
77	www.usdoj.gov/ust/ or from	the clerk of the bankruptcy		nonstrate that the additional	
	amount claimed is reason	able and necessary.			\$
	Charitable contributions	Enter the amount reason	ably pooceary for w	ou to expend each month on	
45					\$ 0.00
	charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.				
46	Total Additional Expense	Deductions under § 707(I). Enter the total of Lin	nes 39 through 45.	\$ 345.28
		Subpart C: Deduc	ctions for Debt Paym	ent	
	F. I	and deliver Eq. (1
				d by an interest in property that	
	you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the				
	total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the				
47	filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter				
47	the total of the Average Mo	nthly Payments on Line 47.			
	Name of	Property Securing the Debt	Average	Does payment	
	Creditor	- p y	Monthly	include taxes	
			Payment	or insurance?	
		3 bedroom 2 bath	\$ 1,332.25	☐ yes ☑ no	
	Service				l.
				Total: Add Lines a, b and c	\$ 1,332.25

48	residence you may in additi amount List and page.	ce, a motor vehicle, or other proy y include in your deduction 1/60 on to the payments listed in Lir would include any sums in def	Oth of any amount (the "cure amoune 47, in order to maintain possess	or the support of your dependents, int") that you must pay the creditor sion of the property. The cure avoid repossession or foreclosure. Idditional entries on a separate 1/60th of the Cure Amount \$ 155.43	\$ 155.43
	Doverno	ata an muonatition muiovitu ala	ima. Enter the total amount divid	Total: Add Lines a, b and c	φ 155.45
49	as prior	ity tax, child support and alimo	ny claims, for which you were liable ons, such as those set out in Li		\$ 0.00
		r 13 administrative expenses g administrative expense.	. Multiply the amount in line a by t	he amount in line b, and enter the	
	a.	Projected average monthly Chapte	r 13 plan payment.	\$1,500.00	
50			s determined under schedules issued		
		by the Executive Office for United available at www.usdoj.gov/ust/ or	States Trustees. (This information is from the clerk of the bankruptcy		
		court.)	f Oh to - 10	_X 5.80	
	C.	Average monthly administrative ex	pense of Chapter 13 case	Total: Multiply Lines a and b	\$ 87.00
51	Total D	eductions for Debt Payment.	Enter the total of Lines 47 through 50.		\$ 1,574.68
•		-	ppart D: Total Deductions from	Income	
					I
52	l otal o	f all deductions from income	. Enter the total of Lines 38, 46, a	nd 51.	\$5,625.85
		Part V. DETERMINA	TION OF DISPOSABLE INC	OME UNDER § 1325(b)(2)	
53	Total c	urrent monthly income. Enter	the amount from Line 20.		\$ 4,517.05
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.				\$
55	from wa	ages as contributions for quali	nter the monthly total of (a) all a fied retirement plans, as specified lans, as specified in § 362(b)(19).	mounts withheld by your employer I in § 541(b)(7) and (b) all required	\$
56	Total o	f all deductions allowed under	er § 707(b)(2). Enter the amount for	rom Line 52.	\$ 5,625.85
57	Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expenses necessary and reasonable.				
		Nature of spec	al circumstances	Amount of expense	
	a.			\$	
	Total: Add Lines a, b, and c				\$

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B22C (Official Form 22C) (Chapter 13) (12/10)

58	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.			\$ 5,625.85	
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.				
		Part VI. ADDITIONAL EXPENSE C	CLAIMS		
60	health mont	r Expenses. List and describe any monthly expenses, not otherwise so and welfare of you and your family and that you contend should be ally income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sout your average monthly expense for each item. Total the expenses.	an additional deduction from your c	urrent	
		Expense Description	Monthly Amount		
	a.		\$		
		Total: Add Lines a, b, and c	\$0.00		
		Part VII: VERIFICATION			
61	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.)				